



*IFW*

PTO/SB/21 (07-06)

Approved for use through 09/30/2006, OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/761,169-Conf. #3734
	Filing Date	January 20, 2004
	First Named Inventor	Ali Gure
	Art Unit	1642
	Examiner Name	Reddig, Peter J.
Total Number of Pages in This Submission	Attorney Docket Number	L0461.70073US01

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Cited reference Check in the amount of \$310.00 Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature	<i>John R. Van Amsterdam</i>		
Printed name	John R. Van Amsterdam		
Date	October 26, 2006	Reg. No.	40,212

Certificate of Mailing Under 37 CFR 1.8(a)	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Date: <u>October 26, 2006</u>	Signature: <i>Sylvana Householder</i> (Sylvana Householder)



PTO/SB/17 (07-06)  
Approved for use through 01/31/2007. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/761,169-Conf. #3734
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	January 20, 2004
310.00		First Named Inventor	Ali Gure
		Examiner Name	Reddig, Peter J.
		Art Unit	1642
		Attorney Docket No.	L0461.70073US01

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: <b>23/2825</b>
Deposit Account Name: <b>Wolf, Greenfield &amp; Sacks, P.C.</b>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
_____		_____	_____	_____	<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.		_____		_____		_____	
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____		_____	_____	_____			
HP = highest number of independent claims paid for, if greater than 3.		_____		_____		_____	
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
_____	_____	_____ / 50 _____ (round up to a whole number) x _____		_____	_____		
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge): 1251 Extension for response within first month						120.00	
1806 Submission of an Information Disclosure Statement						180.00	

<b>SUBMITTED BY</b>			
Signature	<i>John R. Van Amsterdam</i>	Registration No. (Attorney/Agent)	40,212
Name (Print/Type)	John R. Van Amsterdam	Telephone	(617) 646-8000
		Date	October 26, 2006

<b>Certificate of Mailing Under 37 CFR 1.8(a)</b>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: <i>October 26, 2006</i>	Signature: <i>Sylvana Householder</i> (Sylvana Householder)